



California Board of Behavioral Sciences
1625 North Market Boulevard, Suite S200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

Marriage and Family Therapist Written Clinical Vignette Examination

CANDIDATE HANDBOOK FOR EXAMINATIONS JUNE 1, 2007 OR LATER



PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
www.psiexams.com

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FOR MORE INFORMATION

All questions about examination scheduling
should be directed to:

PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
(877) 392-6422 • TTY (800) 735-2929
www.psiexams.com

Questions about examination content or licensing
should be directed to:

Board of Behavioral Sciences
1625 North Market Blvd., Ste. S200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

SCHEDULING INFORMATION

Date Scheduled: _____

Name of Scheduler: _____

Date of Exam: _____

Time of Exam: _____

Test Site Location: _____



PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Marriage and Family Therapist (MFT) Written Clinical Vignette examination process and content.

EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification

3210 E Tropicana
Las Vegas, NV 89121
(800) 733-9267 • Fax (702) 932-2666
www.psiexams.com

All other questions about examinations should be directed to the BBS.

1625 North Market Blvd., Suite S-200,
Sacramento, CA 95834
(916) 574-7830 ** FAX (916) 574-8625
www.bbs.ca.gov

EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at www.psiexams.com, or schedule over the telephone at (800) 733-9267.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

In most California testing centers, testing does not take place on the following major holidays:

Memorial Day:	Closed May 26, 2007 through May 28, 2007
Independence Day:	Closed July 4, 2007
Labor Day:	Closed September 1, 2007 through September 3, 2007
Thanksgiving:	Closed November 22, 2007 through November 25, 2007
Christmas:	Closed December 25, 2007
New Years 2008:	Closed January 1, 2008

INTERNET SCHEDULING

You may schedule for your test by completing the online Test Registration Form. The Test Registration Form is available at PSI's website, www.psiexams.com. You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
4. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
4. Upon successful registration, you will receive a traceable confirmation number.

TELEPHONE SCHEDULING

Call PSI at (800) 733-9267, 24 hours a day and schedule using the Automated Registration System. If you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test.

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee ***if your cancellation notice is received 2 days prior to the scheduled examination date.*** For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (800) 733-9267. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

Note: A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent to you.



CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Sample Scenarios:

- Arnold failed his Written Clinical Vignette Examination on 4/22/07. He must retake his Written Clinical Vignette Examination no later than 4/22/08.
- Danny received notice of eligibility to take the Written Clinical Vignette Examination on 1/18/07. He must take this Examination no later than 1/18/08.

EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (800) 733-9267. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

ANAHEIM

2301 W. LINCOLN AVE, SUITE 252
ANAHEIM, CA 92801

FROM THE I-5 N, TAKE THE EUCLID ST EXIT (112). TURN LEFT ONTO N EUCLID ST. TURN RIGHT ONTO W LINCOLN AVE.

FROM I-5 S, TAKE THE BROOKHURST ST EXIT (113)-TOWARD LA PALMA AVE. TURN SLIGHT RIGHT ONTO N BROOKHURST ST. TURN RIGHT ONTO W LINCOLN AVE.

ATASCADERO

7305 MORRO RD, SUITE 201A
ATASCADERO, CA 93422

FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.

FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.

BAKERSFIELD

5405 STOCKDALE HIGHWAY, SUITE 206
BAKERSFIELD, CA 93309

FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.

FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.

CARSON

17420 S. AVALON BLVD, SUITE 205
CARSON, CA 90746

FROM CA-91 E/GARDENA FWY, TAKE THE EXIT TOWARD MAIN ST. TURN LEFT ONTO E ALBERTONI ST. TURN LEFT ONTO AVALON BLVD.

FROM CA-91 W, TAKE THE EXIT TOWARD AVALON BLVD. MERGE ONTO E ARTESIA BLVD. TURN LEFT ONTO AVALON BLVD. MAKE A U-TURN AT E ALBERTONI ST ONTO AVALON BLVD.

EL MONTE

9420 TELSTAR, SUITE 138
EL MONTE, CA 91731

FROM THE I-10 E, TAKE THE PECK RD NORTH EXIT (29B)-TOWARD VALLEY BLVD. TURN RIGHT ONTO N PECK RD. TURN SLIGHT RIGHT ONTO VALLEY BLVD.

FRESNO

351 E. BARSTOW, SUITE 101
FRESNO, CA 93710

FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. TURN RIGHT ONTO E BARSTOW AVE.

FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT ONTO E BARSTOW AVE.

HAYWARD

24301 SOUTHLAND DRIVE, SUITE B-1
HAYWARD, CA 94545

FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.

FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.

REDDING

2861 CHURN CREEK, UNIT C
REDDING, CA 96002

FROM I-5 N TOWARD SACRAMENTO, TAKE THE CYPRESS AVE EXIT (677)-TOWARD REDDING. TURN RIGHT ONTO E CYPRESS AVE. TURN RIGHT ONTO YANA AVE. TURN LEFT ONTO VALE DR. TURN RIGHT ONTO CHURN CT.

FROM I-5 S, MERGE ONTO CA-44 E VIA EXIT 678A TOWARD HILLTOP DR/LASSEN PARK. TAKE THE VICTOR AVE EXIT- EXIT 3. TURN RIGHT ONTO VICTOR AVE. TURN LEFT ONTO HARTNELL AVE. TURN LEFT ONTO CHURN CT.

RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK
1600 CHICAGO AVE, SUITE M-15
RIVERSIDE, CA 92507

FROM I-215 N TOWARD RIVERSIDE/SAN BERNARDINO, TAKE THE COLUMBIA AVENUE EXIT. TURN RIGHT ONTO E LA CADENA DR. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE.

FROM I-215 S TOWARD SAN BERNARDINO/RIVERSIDE, TAKE THE EXIT TOWARD COLUMBIA AVENUE. TURN SLIGHT RIGHT ONTO INTERCHANGE DR. TURN LEFT ONTO PRIMER ST. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE.

SACRAMENTO

9719 LINCOLN VILLAGE DR.
BUILDING 100, SUITE 100
SACRAMENTO, CA 95827



FROM I-80 E, KEEP LEFT TO TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE THE BRADSHAW ROAD EXIT (13). TURN RIGHT ONTO BRADSHAW RD. TURN LEFT ONTO LINCOLN VILLAGE DR.

FROM US-50 W, TAKE THE BRADSHAW ROAD EXIT (13). TURN LEFT ONTO BRADSHAW RD. TURN LEFT ONTO LINCOLN VILLAGE DR.

SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300
SAN DIEGO, CA 92121

FROM I-805 S, TAKE THE SORRENTO VALLEY RD EXIT TOWARD MIRA MESA BLVD. TURN LEFT ONTO SORRENTO VALLEY RD. STAY STRAIGHT TO GO ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

SANTA ROSA

160 WIKIUP DRIVE, SUITE 105
SANTA ROSA, CA 95403

FROM US-101 N, MERGE ONTO FULTON RD. TURN RIGHT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

FROM US-101 S, TAKE THE AIRPORT BLVD EXIT. TAKE THE RAMP TOWARD MARK WEST AREA/LARKFIELD WIKIUP. TURN LEFT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

SANTA CLARA

2936 SCOTT BLVD
SANTA CLARA, CA 95054

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

SPECIAL ACCOMMODATIONS AVAILABLE

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at www.bbs.ca.gov/bbsforms.htm. Do not call PSI to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

REPORTING TO THE EXAMINATION SITE

On the day of the examination, you should arrive at least 30 minutes prior to your scheduled appointment time. This allows time for sign-in and identification verification and provides time to familiarize yourself with the examination process. *If you arrive late, you may not be admitted to the examination site and you will forfeit your examination registration fee.*

REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:

- Valid photographic Driver's License (any state)
- Valid State identification card (any state)
- Valid U.S. military identification
- Valid passport

All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.

If you cannot provide the required identification, you must call (800) 733-9267 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;



- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

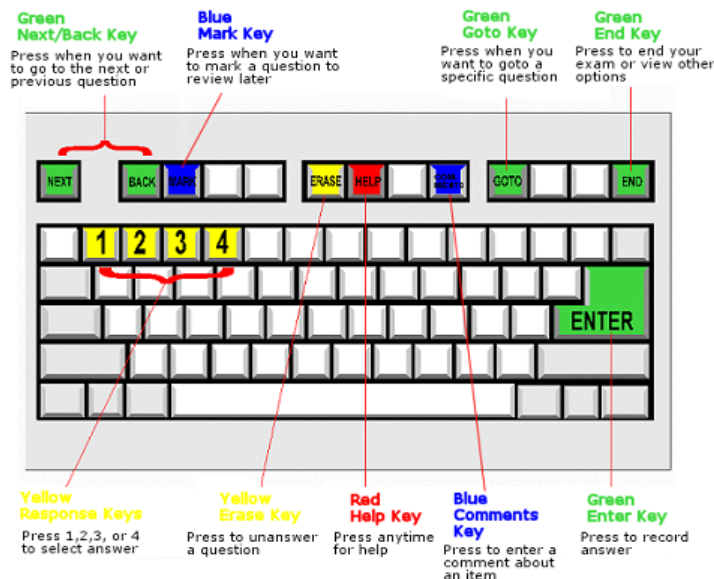
PSI SECURITY PROCEDURES

The following security procedures will apply during the examination:

- Cell phones, digital watches, pagers, purses, briefcases, personal belongings, and children are not allowed at the examination site.
- No smoking, eating, or drinking will be allowed at the examination site.
- Copying or communicating examination content is a violation of PSI security policy. Either one may result in the disqualification of examination results and may lead to legal action.

TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:

Question: 3 of 40 Answered: 2 Unanswered: 1 Marked: 0 View: All Time Left(Min): 359

3. What do the stars on the United States of America's flag represent?

(Choose from the following options)

☐ 1. Presidents

☐ 2. Colonies

☐ 3. States

☐ 4. Wars

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EXAMINATION REVIEW

The BBS/DCA will be continually evaluating the examinations being administered to ensure that the examinations accurately measure competency in the required knowledge areas. Comments may be entered on the computer keyboard during the examination. Your comments regarding the questions and the examinations are welcomed. While PSI does not respond to individuals regarding these comments, all substantive comments are reviewed.

EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and grade, including the number of items answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the MFT Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional preparation for re-testing.

ABANDONMENT OF APPLICATION/INELIGIBILITY

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility." Abandonment of an application requires the candidate to submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Title 16, California Code of Regulations Section 1833.3 states, "An applicant who fails any written or oral examination may, within one year from the date of that failure, retake that examination as regularly scheduled without further application upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."

AFTER PASSING THE EXAMINATION

Candidates are eligible to apply for licensure after passing the Written Clinical Vignette examination.

To apply, candidates must submit a Request for Initial License Issuance and the required fee to the BBS. Request for Initial License Issuance forms are provided with candidate result

notices, are also available by contacting the BBS, and online at www.bbs.ca.gov.

When your license number is issued it will be available on the BBS' Web site. Your license certificate will be mailed within 30 working days of issuance.

INSTRUCTIONS FOR DETERMINING AMOUNT OF INITIAL LICENSE FEE

The amount of the initial license fee will be prorated and established according to the month of issuance (month fee received by the BBS) and expiration date of the license (candidate's birth month).

Refer to the Fee Chart provided on the Request for MFT Initial License Issuance to determine the amount you should submit .

Example 1: If your birth month is March and the BBS received your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$130.00. Your license would be valid for approximately 24 months.

Example 2: If your birth month is April and the BBS received your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$70.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one year after notification by the BBS of successful completion of the examination requirements.

STUDY MATERIAL AND COURSES

The MFT Written Clinical Vignette Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.



OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with California Business and Professions Code Section 4980.40, each applicant for the MFT license who meets the educational and experience requirements must successfully complete a Board-administered written examination. An applicant who successfully passes the initial "Standard" Written examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods as applicable to the MFT scope of practice. Business and Professions Code section 4980.02, defines the MFT scope of practice as: "...that service performed with individuals, couples, or groups, wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The applications of marriage, family, and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable the individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspect of relationships."

MFT EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for MFTs in 2002. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 2002, the analysis began with interviews of licensees to gather information about the tasks that are performed in independent practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 2,000 MFTs throughout California. Several panels of MFTs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid MFT examination plan.

The MFT Written Clinical Vignette examination plan consists of six content areas: crisis management, clinical evaluation,

treatment planning, ethics, and law. In each content area, the examination plan describes examination content in terms of task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

The Written Clinical Vignette examination is directly related to clinical practice situations. Therefore, supervised clinical experience increases the likelihood of success in the examination. The types of clients and the overall presentation of the clinical situations and issues in the clinical vignettes are consistent with mainstream practice for entry-level MFTs.

EXAMINATION DEVELOPMENT

The MFT examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists trained to develop and analyze occupational licensing examinations.

MFTs who participate in examination development and review workshops are referred to as "Subject Matter Experts" (SMEs). SMEs write and review multiple-choice items for the examination. OER staff in established examination development processes and measurement methodologies trains SMEs. The cooperative efforts among these members of the MFT profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

ESTABLISHING THE PASSING STANDARDS

The MFT written examinations measure knowledge and skills required for MFT practice, and represents a standard of performance that MFT SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Written Clinical Vignette examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that qualified MFTs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of MFT SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is



implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

EXAMINATION ITEMS

The MFT Written Clinical Vignette examination consists, on the average, of 5 to 7 clinical vignettes with typically 4 to 7 multiple-choice questions associated with each vignette for a total of 30 multiple-choice questions.

The examination may contain additional items for the purpose of pre-testing (up to 10 nonscoreable items). Pre-testing allows performance data to be gathered and evaluated before the items are scoreable in an examination. These pre-test (“experimental”) items, distributed throughout the examination, WILL NOT be counted for or against you in your examination score and will not be identified to you.

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by MFTs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

The multiple-choice items evaluate candidate knowledge, skills, and abilities in the following content areas: Crisis Management, Clinical Evaluation, Treatment Planning, Treatment, Ethics, and Law.

The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The main differences between a clinical vignette item and a standard multiple-choice item found on the MFT Standard Written examination is that a clinical vignette may contain a series of items related to the same vignette, and the possible answers are longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

You will have 2 hours to take this examination.

THEORETICAL FRAMEWORK

Candidates should have an entry-level understanding of the primary theoretical orientations used in the field of marriage and family therapy (e.g., Cognitive-Behavioral, Humanistic-Existential, Postmodern, Psychodynamic, Systems).

Candidates will be required to evaluate the information presented in the clinical vignette and select the best treatment plan and goals presented (for example) based on the theoretical orientation provided in the question.

If the question is specific to a theoretical orientation, the clinical vignette will have enough context for a qualified candidate to answer it correctly. That is, the degree of difficulty will be reasonable, allowing measurement of minimally acceptable competence criteria (i.e., entry level).

EXAMPLE CLINICAL VIGNETTE

To follow is an example of the format and structure of items you may encounter during the examination. The following “Exhibit (Vignette)” item is an example of the type of clinical vignettes candidates may encounter in the examination.

This clinical vignette has two corresponding multiple-choice items. Each multiple-choice item requires the examinee to select the correct answer from among the four options (A-D) provided. There is only one correct answer for each multiple-choice item. The ‘incorrect’ answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no ‘trick’ questions in the examination.

EXHIBIT (Vignette)

Anne, a recently divorced 40-year-old minister, and her 14-year-old daughter, Julie, are self-referred. Anne complains that Julie stays out past curfew and “sneaks” her 17-year-old boyfriend into the house. Anne states, “It’s tough enough to raise a daughter alone. I can’t even get her to go to school.” Julie says, “You and your religion make a big deal out of everything. Just back off!” After the session, Julie calls the therapist and reports that she is two months pregnant and is considering having an abortion. Julie asks that her mother not be told about the pregnancy.

1. How should the therapist clinically manage the crisis of Julie’s pregnancy as described in the EXHIBIT?
 - a. Maintain Julie’s confidentiality; Refer Julie to a physician; Obtain a release from Julie to speak with her physician.
 - b. Include mother in treatment; Refer Julie to a physician; Obtain a release from Julie to speak with her physician.
 - c. Maintain Julie’s confidentiality; Refer Julie to a physician for prenatal care; Work toward disclosure of pregnancy to mother.
 - d. Obtain consent to treat minor; Include boyfriend in treatment; Refer Julie to a physician for prenatal care
2. What legal obligations does the therapist have in the case described in the EXHIBIT?
 - a. Obtain consent from Anne to treat minor if seeing mother and daughter together; Obtain releases for medical provider from Julie if seen alone for pregnancy; Assert privilege for Julie if mother asks for records; File report with a child protective services agency.
 - b. Obtain a consent from Anne to see Julie individually regarding pregnancy; Obtain releases from Anne if seeing mother and daughter together; Negotiate a fee with Julie if seen individually for the pregnancy; Assert privilege for Julie if mother asks for records.
 - c. Obtain releases for medical provider from Julie if seen alone for pregnancy; Obtain releases from Anne if seeing mother and daughter together; Maintain Julie’s confidentiality regarding the phone call; Determine need for consent to treat a minor.
 - d. Obtain releases for medical provider from Julie if seen alone for pregnancy; Maintain Julie’s

confidentiality regarding the phone call; File report with a child protective services agency; Determine need for consent to treat a minor.

Correct Answers: 1-a, 2-c

MFT WRITTEN CLINICAL VIGNETTE EXAMINATION PLAN

Written Clinical Vignette Examination Outline

I. CRISIS MANAGEMENT
II. CLINICAL EVALUATION
III. TREATMENT PLANNING
IV. TREATMENT
V. ETHICS
VI. LAW

The following pages contain detailed information regarding examination content. A Definition and Description of each content area, and the associated task and knowledge statements are provided.

The DESCRIPTION provides an overall description of the content area – that is, what the questions for that content area is designed to assess.

The DEFINITION provides the key components of the questions the candidate may be presented with, specific to the vignette.

It is important for candidates to use this section as a study guide because each item in the Written Clinical Vignette examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. CRISIS MANAGEMENT

Description: This area assesses the candidate's ability to identify, evaluate, and clinically manage crisis situations and psychosocial stressors specific to the vignette presented.

Definition: The candidate may be required to:

Identify crises and psychosocial stressors

Recognize the severity of crises and psychosocial stressors

Evaluate plans to clinically manage crises and psychosocial stressors

Tasks

- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Assess trauma history to determine impact on client's current crisis.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Identify type of abuse by assessing client to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).
- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
- Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
- Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.

Knowledge of

- Methods to assess strengths and coping skills.
- Methods to evaluate severity of symptoms.
- The effects of prior trauma on current functioning.
- Risk factors that indicate potential for suicide within age, gender, and cultural groups.
- Physical and psychological indicators of self-destructive and/or self-injurious behavior.
- Risk factors that indicate potential for self-destructive behavior.
- Criteria to determine situations that constitute high risk for abuse.
- Indicators of abuse.
- Indicators of neglect.
- Indicators of endangerment.
- Indicators of domestic violence.
- Methods to evaluate severity of symptoms.
- Risk factors that indicate client's potential for causing harm to others.
- Strategies to reduce incidence of self-destructive/self-injurious behavior.
- Techniques (e.g., contract) to manage suicidality.
- Strategies to deal with dangerous clients.
- Strategies for anger management.
- Strategies to address safety in situations of abuse.

II. CLINICAL EVALUATION

Description: This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context specific to the vignette presented.

Definition: The candidate may be required to:



- Identify human diversity issues
- Evaluate clinical issues and assessment information from theoretical frameworks
- Evaluate diagnostic impressions including those consistent with DSM-IV-TR

Tasks

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy.
- Identify unit of treatment (e.g., individual, couple, or family) to determine a strategy for therapy.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Gather information regarding history, relationships, and other involved parties to develop a clinical impression of the client.
- Explore human diversity issues to determine impact on client functioning.
- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.

Knowledge of

- Therapeutic questioning methods.
- Active listening techniques.
- Procedures to gather initial intake information.
- Observation techniques to evaluate verbal and nonverbal cues.
- The impact of psychosocial stressors on presenting problems and current functioning.
- Factors influencing the choice of unit of treatment.
- The role of client motivation in therapeutic change.
- Techniques to facilitate engagement of the therapeutic process with involuntary clients.
- The effects of human diversity factors on the therapeutic process.
- The implications of human diversity issues on client relationships.
- Methods to assess impact of family history on family relationships.
- The effects of family structure and dynamics on development of identity.
- The impact of cultural context on family structure and values.
- Methods to gather information from professionals and other involved parties.
- Techniques to identify support systems within social network.
- Techniques to identify the primary caregiver's level of involvement in therapy.
- Diagnostic and Statistical Manual criteria for determining diagnoses.
- Procedures to integrate assessment information with diagnostic categories.

III. TREATMENT PLANNING

Description: This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and theoretical framework specific to the vignette presented.

Definition: The candidate may be required to:

- Apply theoretical frameworks to a vignette
- Evaluate treatment plans with beginning, middle and end stages
- Evaluate and prioritize treatment goals
- Evaluate the incorporation of human diversity into the treatment plan

Tasks

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Integrate information obtained from collateral consultations (e.g., educational, vocational and medical) to formulate treatment plans.
- Prioritize treatment goals to determine client's course of treatment.
- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.
- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.

Knowledge of

- Means to integrate client and therapist understanding of the goals in treatment planning.
- Factors influencing the frequency of therapy sessions
- Stages of treatment.
- Strategies to prioritize treatment goals.
- Methods to formulate short- and long-term treatment goals.
- Theoretical modalities to formulate a treatment plan.
- The assumptions, concepts, and methodology associated with a theoretical framework (e.g., cognitive-behavioral, humanistic-existential, postmodern, psychodynamic, systems).
- Means to integrate client and therapist understanding of the goals in treatment planning.
- Techniques for establishing a therapeutic framework within diverse populations.
- Methods to integrate information obtained from collateral sources (e.g., educational, vocational, and medical).

IV. TREATMENT

Description: This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical frameworks specific to the vignette presented.

Definition: The candidate may be required to:

- Select theoretically consistent and client-specific clinical interventions
- Evaluate the progress of treatment
- Consider alternative interventions

Tasks

- Establish a therapeutic relationship with client to facilitate treatment.

- Develop strategies consistent with a theoretical model to facilitate a client's treatment.
- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.
- Develop a termination plan with client to maintain gains after treatment has ended.

Knowledge of

- The components (e.g., safety, rapport) needed to develop the therapeutic relationship.
- Strategies to develop a therapeutic relationship.
- The use of interventions associated with a theoretical model.
- The theory of change and the role of therapist from a theoretical approach.
- Intervention methods for treating substance abuse.
- Intervention methods for treating abuse (e.g., domestic, child, and elder) within families.
- Intervention methods for treating the impact of violence.
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty).
- The impact of value differences between therapist and client on the therapeutic process.
- Approaches to address issues associated with variations in lifestyles.
- Techniques to maintain therapeutic gains outside therapy.
- Relapse prevention techniques.

V. ETHICS

Description: This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client specific to the vignette presented.

Definition: The candidate may be required to:

- Recognize professional ethical responsibilities specific to the case
- Apply ethical standards and principles throughout the treatment process
- Identify the clinical impact of ethical responsibilities on treatment

Tasks

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Manage countertransference to maintain integrity of the therapeutic relationship.
- Manage potential dual relationship to avoid possible loss of therapist objectivity or exploitation of client.
- Manage confidentiality issues to maintain integrity of the therapeutic contract.

Knowledge of

- Approaches to address expectations of the therapeutic process.
- Cultural differences which may affect the therapeutic alliance.
- Methods to explain management of fees and office policies.
- Strategies to manage countertransference issues.
- The impact of gift giving and receiving on the therapeutic relationship.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- The implications of sexual feeling/contact within the context of therapy.
- Strategies to maintain therapeutic boundaries.
- Confidentiality issues in therapy.

VI. LAW

Description: This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice specific to the vignette presented.

Definition: The candidate may be required to:

- Recognize legal obligations specific to the case
- Apply legal obligations throughout the treatment process
- Identify the clinical impact of legal obligations on treatment

Tasks

- Comply with legal standards regarding guidelines for consent to treat a minor.
- Report cases of abuse to authorities as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm others by client as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.
- Assert client privilege regarding requests for confidential information within legal parameters.

Knowledge of

- Laws regarding consent to treat a minor.
- Custody issues of minor client to determine source of consent.
- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).
- Laws pertaining to mandated reporting of client's intent to harm others.
- Techniques to evaluate client's plan, means, and intent for dangerous behavior (i.e., harm others).
- Legal criteria for determining involuntary hospitalization.
- Laws regarding privileged communication.
- Laws regarding holder of privilege.
- Laws regarding therapist response to subpoenas.



California Board of Behavioral Sciences

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STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

You are eligible to participate in the Written Clinical Vignette examination for licensure as a Marriage and Family Therapist. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper left corner of the address label (above your name) is the date your application for this examination was approved; following that is the date by which you must take your examination. **You must take the Written Clinical Vignette examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding Written Clinical Vignette examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Written Clinical Vignette examination, you are eligible to apply for licensure! Please see the instructions in this handbook.

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